

FORM A

REASONABLE TESTING ACCOMMODATIONS QUESTIONNAIRE

(To be completed by all applicants who request reasonable testing accommodations)

Background Information

Applicant Name: _____

Social Security Number: _____

Address, City, Zip: _____

Telephone Number: _____

Exam Date: _____

Nature of Disability

_____ Hearing impaired

_____ Specific learning disability

_____ Other physical disability

_____ Chronic health problem

_____ Psychological disability

_____ Temporary accidental injury

_____ Other _____

Describe the nature and extent of your disability

How long have you had this disability? _____

Past Accommodations Granted:

Were you in a specific school or program to accommodate your disability?

YES _____ NO _____

Did you receive accommodations for classroom tests?

YES _____ NO _____

Did you receive additional testing time for classroom tests?

YES _____ NO _____

Please describe any additional accommodations you were granted while in Barber school?

Requested Accommodations

_____ Use of reader

_____ Rest Periods

_____ Sign-language/interpreter

_____ Additional testing time for each test session.

_____ Other _____

Applicants Signature

I understand that all the information on the form is true and correct and that it may be reviewed by a physician and licensed professional.

Signature

Date